

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|----------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>Dr</i> | <i>32</i> | <i>7/12</i> |
| FORMALITY REVIEW | <i>B2</i> | <i>TC3-883</i> | <i>08-21-01</i> |
| RESPONSE FORMALITY REVIEW | <i>SG</i> | <i>1077</i> | <i>10/25/01</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

206/01
10/25/01
RESO-5583